

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90097 024 \*\*\*150.00

**DOCUMENT # J87009**

1. Entity Name  
**MEDICAL RESEARCH PROPERTIES, INC.**

Principal Place of Business

**4620 N HADANA AVE  
TAMPA FL 33614  
US**

Mailing Address

**3730 70TH AVE N  
PINELLAS PARK FL 33781  
US**

2. Principal Place of Business

**1301 66TH ST N  
Suite, Apt. #, etc.**

3. Mailing Address

**P.O. Box 40888  
Suite, Apt. #, etc.**

City & State

**ST PETERSBURG FL**

City & State

**ST PETERSBURG, FL**

Zip

Country

**33710**

**USA**

Zip

Country

**33743**

**USA**

4. FEI Number **74-2472339**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**- CORPORATION INFORMATION SERVICES, INC.  
1201 HAYES STREET  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	T.C. STANMORE	
STREET ADDRESS	9095 BAYWOOD PARK DRIVE	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	T.C. STANMORE	
STREET ADDRESS	9095 BAYWOOD PARK DRIVE	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	MAY, MICHAEL	
STREET ADDRESS	3730 70TH AVE N	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONALD RUMZ	
STREET ADDRESS	1301 66TH ST N	
CITY-ST-ZIP	ST PETERSBURG, FL 33710	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1301 66TH ST N	
CITY-ST-ZIP	ST PETERSBURG, FL 33710	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Michael A. May**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**15. March 2001**

Date

Daytime Phone #

CR2E034 (10/00)